

OPTIONAL

Reduced Service Charge Request Form

To request a reduction in your service charge, simply tear out, complete and mail or fax this form to our office. **NOTE: This form is NOT REQUIRED to receive service. It is used ONLY to determine eligibility for a reduced service charge based on uniform guidelines.**

Full Name _____

2nd Person's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

*Required by government funding for statistical purposes only.

Date of Birth* ____/____/____ Marital Status* (circle) Married Single Divorced Widowed

Race/Ethnicity* (circle) Caucasian African-American Hispanic Asian American Indian _____

Household Income (Monthly)
Include income for all household members who share meals:

Wages \$ _____
 Retirement \$ _____
 Social Security/SSI \$ _____
 Food Stamps/SNAP \$ _____
 Medicaid: \$ _____
 Investment/Dividend \$ _____

Monthly Total \$ _____

Household Expenses (Monthly)
How much do you pay for the following?

Housing: (Rent or Mortgage) \$ _____
 Medical Insurance \$ _____
 Medical (Out of Pocket) \$ _____
 Prescriptions (Out of Pocket) \$ _____
 Utilities \$ _____
 Other Expenses \$ _____

Monthly Total \$ _____

Are meals provided in your building? ____ Yes ____ No

Do you have any disabilities? ____ Yes ____ No *If yes, please explain below:*

This form is OPTIONAL and only needs completion if you would like to apply for a reduced service charge. I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____

Return to

Date _____

Top Banana Home Delivered Groceries, Inc.

14100 Brandywine Road, Brandywine, Maryland 20613 • 301-372-3663

Office use only:
 Service Fee Amt _____ Date _____ Authorizing Staff _____ Called [] Letter sent []